Rate Floor Data

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SIOCK .	1 - Contact Infor	mation					
ROW#		DATA ELEMENT		FORMAT OF REQUESTED DATA			
1	Carrier Study Area	Code		6 numeric digits		372455	
2	Carrier Study Area	arrier Study Area Name			Benkelman Telephone Co., Inc.		
3	Service Provider Identification Number			9 numeric digits	143002196		
4	Residential Local	Service Charge Ef	fective Date	mm/dd/yyyy	12.01.2018		
5	Contact Name			alpha characters	Linda L McKain		
6	Contact Telephone	Number (include ar	rea code)	9 numeric digits	308-423-2000		
7	Sheet number			numeric digit(s)	1		
8	Total Number of S	Total Number of Sheets			1		
	Column 1 Column 2 Residential Local Service Charge Line Charge		2 - Residential L Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area	Column 5 Loops	e Counts	
				Service Charge			
9	\$ 19.95	\$ -	\$ 1.29		504		
10	\$ 19.95	\$ -	\$ 1.29	\$ -	11	Lifeline	
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data												
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate.												
Name of Reporting Carrier Benkelman Telephone Co., Inc.												
Signature of authorized officer	Date 12.26.2018											
Printed name of authorized officer Kacey Lifries												
Title or position of authorized officer Vice President												
Telephone number of authorized officer: (308) 423 - 2000, ext.												
Study Area Code of Reporting Carrier	372455		Filing Due Date for this form (mm/dd/yyyy)	01.02.2019								